Question #3: Who is at risk for becoming infected with HIV?

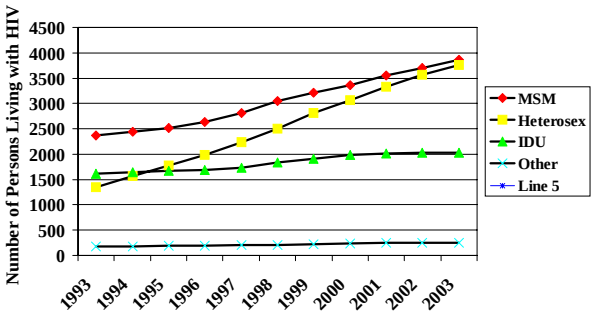
The persons most likely to become infected with HIV are those who engage in high-risk behaviors with persons in communities with a high number/rate of persons living with HIV infection, i.e. prevalence. As mentioned previously, growing numbers of people with HIV in South Carolina are living more healthy lives, including sexual activity. The frequency of high-risk behavior combined with the HIV prevalence in sexual or drug using-networks determines a person's risk for becoming infected. In order to accurately target STD/HIV prevention and treatment activities, it is important for community planning groups (and program providers) to have information on the number and characteristics of persons who become newly infected with HIV and persons whose behaviors or other exposures put them at various levels of risk for STD and HIV infection. This section summarizes HIV infection among population groups at high risk for HIV infection, sexually transmitted disease data, and behavioral data.

Characteristics of HIV/AIDS in Persons at Highest Risk

Analysis of characteristics of persons with HIV/AIDS helps identify persons at greatest risk for becoming infected. Risk for infection can be determined by assessing the frequency of high-risk behavior (e.g., unprotected sex, needle-sharing) in combination with the estimated prevalence of HIV/AIDS and incidence of HIV/AIDS.

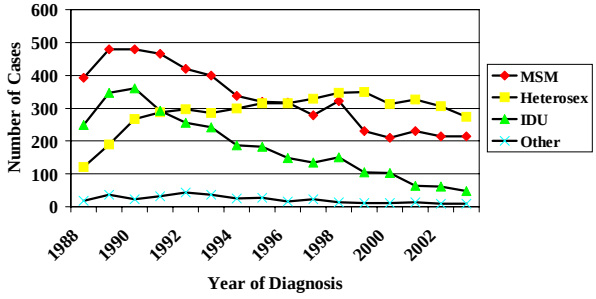
Figure 29 shows the number of persons in South Carolina living with HIV/AIDS at the end of each year by reported risk. Men who have sex men (MSM) comprise the greatest number of living persons, followed by heterosexuals. Injecting drug users (IDU) and other risks (e.g. hemophilia, blood transfusion, perinatally acquired infection) comprise fewer numbers.

Figure 29: Number of Persons Presumed Living with HIV/AIDS at End of Year by Risk, 1993-2003



While men who have sex with men comprise the greater proportion of persons living with HIV, newly diagnosed HIV/AIDS cases each year indicate that beginning in 1997, more persons report heterosexual risk than male to male sex. While not validated, many local experts believe that the number of heterosexuals among African American men may be artificially high due to fears of discrimination; therefore, men do not reveal male to male sex as a risk behavior. The number of injecting drug users reported each year has been steadily decreasing. (Figure 30)

Figure 30: Number of HIV/AIDS Cases by Year of Diagnosis and Risk, 1988 -2003



Excludes Persons with No Risk Reported

Based on data in this profile, the following primary populations have been identified as being the highest risk of HIV/AIDS: men who have sex with men (MSM), high-risk heterosexuals, and injecting drug users (IDUs). Women will be described in the heterosexual and injecting drug user section, and teenagers/young adults will be described within each population category. Since African Americans are disproportionately impacted across each risk category, this impact will be described for each risk population rather than as a separate population. Infants and children and prison populations will be described separately.

Men Who Have Sex With Men

Estimates of Men Who Have Sex with Men Behavior in South Carolina

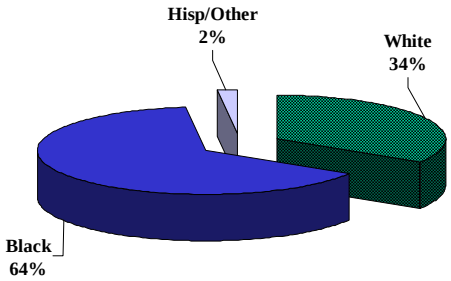
According to the U.S. Census Bureau, there are approximately 1,374,000 males in South Carolina between the ages of 15-64, which is the age range when persons are most sexually active. Review of literature and other state profiles, indicates that the estimated percentage of men who have sex with men (MSM) ranges from 2.1% to 10.1%, with the average at 2.7%. This would mean that the number of MSM in South Carolina could be estimated to be 37,098, although the estimated range is much broader.

Characteristics

Note: for purposes of this analysis, cases that are both men who have sex with men (MSM) and injecting drug users (IDU) are included in the injecting drug user category.

The largest proportion of persons living with HIV/AIDS in South Carolina at the end of 2003 was men who have sex with men (44% of total prevalent adult/adolescent cases). MSM account for a slightly smaller proportion (39%) of the more recently diagnosed adult/adolescent cases during 2002-2003. The number of MSM cases diagnosed each year decreased 13% from 1999 to 2003.

Figure 31: Proportion of Men with HIV/AIDS Who Have Sex With Men by Race/Ethnicity, Diagnosed 2002-2003 N=426

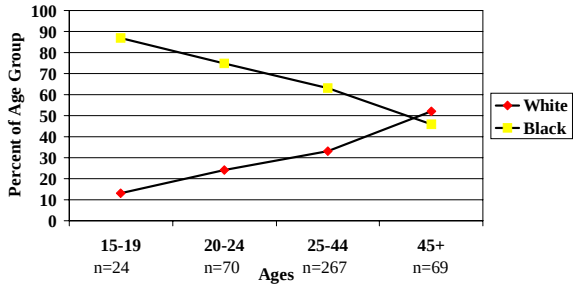


As Figure 31 demonstrates, the majority of MSM cases diagnosed during 2002 - 2003 were African Americans (64%). White men accounted for 34% of the new cases and 2% were Hispanic or other races.

The majority of men who have sex with men diagnosed during 2002 – 2003 were 25 – 44 years of age (62%); 16% were 20 – 24 years old with the same proportion for 45+ years. For men more recently diagnosed, African Americans accounted for the highest proportion for each age group except for those 45 and older (Figure 32).

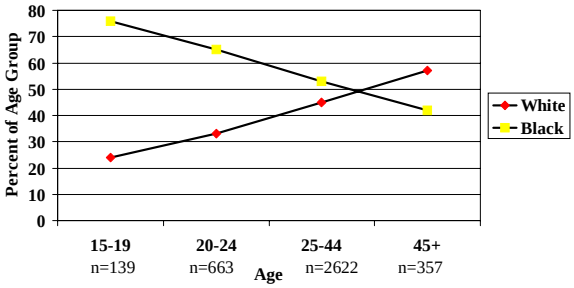
Of the men who have sex with men presumed living with HIV in 2003, 55% were African American, 43% were white and 2% were Hispanic/other men. As Figure 33 shows, for each younger age category less than 45 years, African Americans comprise the greatest proportion of MSM living with HIV. However, among those 45 years and older, the largest proportion are white men (57%).

Figure 32 : Percent MSM HIV/AIDS Cases Diagnosed 2002-2003 by Age Group & Race N=430



Total N includes 13 Other Men Not Included in Graph Due to Small Numbers

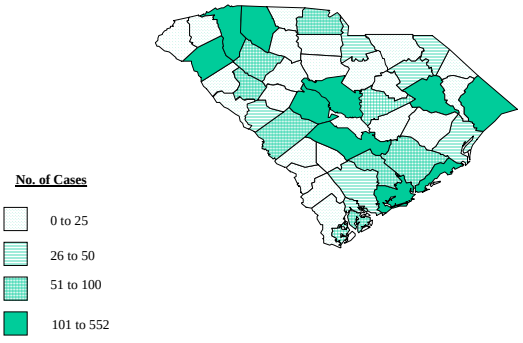
Figure 33: Percent of MSM Living with HIV/AIDS by Age Group & Race, 2003 N=3,852



Total N includes 71 Other Men Not Included in Graph Due to Small Numbers

The more urban counties of Greenville/Spartanburg, Anderson Richland, Lexington, Charleston, Horry, Florence and Orangeburg have the greatest number of men who have sex with men living with HIV/AIDS in 2003 (Figure 34).

Figure 34: SC HIV Prevalence by Exposure Category, 2003 Reported Cases, by County MSM



Due to small numbers for many counties, portraying the three year annual case numbers of men who have sex with men by county is not useful.

Conclusions

These data indicate that prevention efforts targeted to men who have sex with men need to be tailored to both African American and white men. African American men account for over half the proportion of both living cases (57%) and newly diagnosed HIV/AIDS cases (64%). Increased efforts in particular are needed to reach younger African American MSM <25 years of age; for white men, targeted efforts are needed for those >25 years. Interventions also need to be particularly available for persons living in the more urban areas of the state.

High Risk Heterosexuals

Estimates of High-Risk Heterosexual Behavior in South Carolina

It is difficult to make an assessment of the number of persons in South Carolina who engage in heterosexual contact that puts them at high risk for becoming infected with HIV. While there are some differences in the population of persons with HIV/AIDS than for those with a sexually transmitted disease, most experts acknowledge that a diagnosis of an STD would suggest that the individual is engaging in unsafe sexual practices. During 2003, 14,875 cases of chlamydia, 8,642 cases of gonorrhea and 92 cases of infectious syphilis were reported in South Carolina. Women with an STD, in particular, indicate high-risk heterosexual activity. Among the 2003 cases of chlamydia, 8,038 were among women, and 2,941 women were reported with gonorrhea. More data on STDs, as well as other behavioral indicators such as teenage pregnancy and condom use is described later.

In order for a case of HIV or AIDS to be considered as heterosexual transmission, it must be documented that the individual had heterosexual contact with a person who has documented HIV infection or AIDS, or had heterosexual contact with a person who is in a high risk group for HIV (MSM or injecting drug user).

Characteristics of High Risk Heterosexuals

Persons with documented high-risk heterosexual contact comprise 38% of the total adult/adolescent persons living with HIV/AIDS at the end of 2003 and 51% of persons more recently diagnosed during 2002-2003 (excluding persons with no risk identified for both new and prevalent cases). The number of heterosexual cases diagnosed each year decreased 26% from 1999 to 2003 (Figure 30).

Figure 35: Proportion of Heterosexual HIV/AIDS Cases by Race/Sex, Diagnosed 2002-2003 N=575

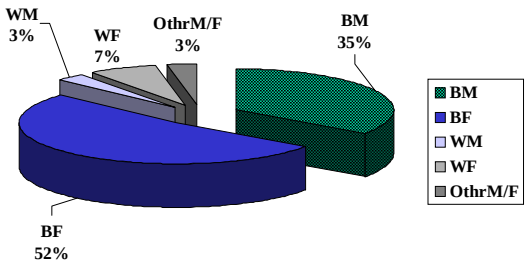


Figure 35 shows that over half (59%) of recently diagnosed heterosexual HIV/AIDS cases are women. African American women account for 52% of recent cases and white women account for 7%. Thirty-seven percent (35%) are African American men. White men account for only 3% of recent cases.

Figure 36 shows the increasing number of heterosexually acquired HIV in women in South Carolina from 1988 to 2003. The proportion of female to male cases during most of this period averaged 2 to 1. The number of women has remained fairly stable during the last three years. The number of men reporting heterosexual HIV risk has gradually decreased by 38% from 1999 to 2003.

Figure 36: Number of HIV/AIDS Cases Attributed to Heterosexual Transmission, By Sex and Year of Diagnosis

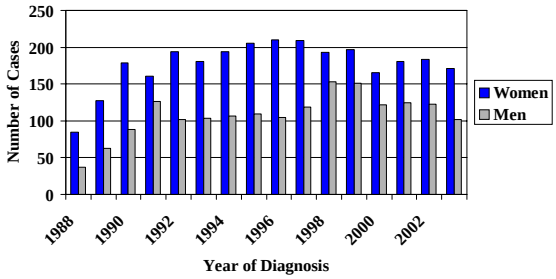
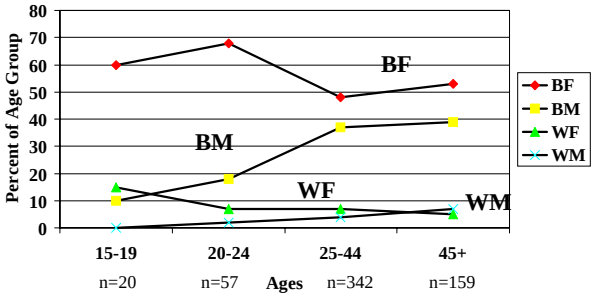


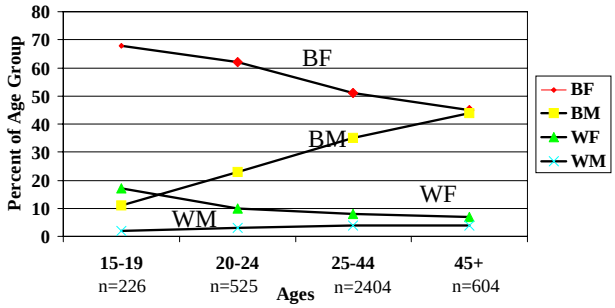
Figure 37: Percent Heterosexual HIV/AIDS Cases Diagnosed 2002-2003 By Age Group and Race/Sex N=579



Of the high risk heterosexual persons presumed living with HIV/AIDS in 2003, over half were African American women (53%), 33% were African American men; 8% were white women. As Figure 38 shows, over three-fourths of young women under 25 living with HIV/AIDS were African American; over one half of persons 25 – 44 are African American women. Similarly, the proportion of persons living 45 years and older is greatest for African American women followed closely by African American men. As with more recently diagnosed persons, white women and men account for an average of 12% of persons living with HIV across all age groups.

The majority of high risk heterosexuals recently diagnosed were 25 – 44 years of age (59%); 27% were 45 years and older, and 13% under 25 years. With the exception of the 15-19 year old group, African American women and men comprised the greatest proportion of cases in each age group (Figure 37). African American women account for over three quarters the total cases among young women less than 45 years. White women and men account for an average of 9% or less of young and older ages.

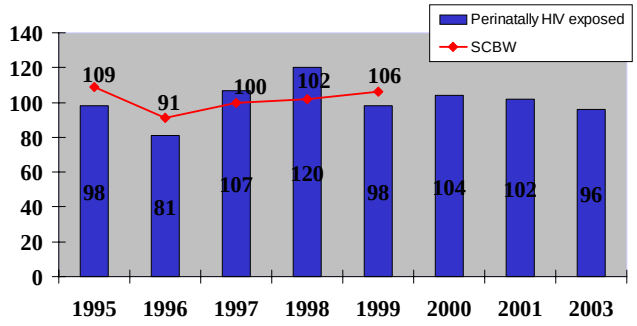
Figure 38: Percent of Heterosexuals Living with HIV/AIDS by Age Group and Race/Sex, 2003 N=3,759



Estimates of prevalence of HIV among High Risk Heterosexual Women

Estimates of HIV prevalence among women were obtained during 1990 – 1997 through a population-based seroprevalence survey of women who deliver live births at hospitals throughout the state. Recently estimates are obtained by the pediatric surveillance system using reports of HIV infected women delivering live births. While this prevalence is limited to child-age bearing women who have delivered a child, it provides the best overall estimate available for HIV infection among women 15 –44 years of age.

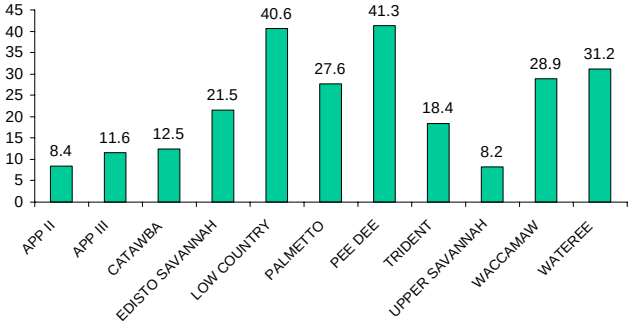
Figure 39: Estimated HIV Prevalence Among Child-Bearing Aged Women - Perinatally HIV Exposed Births by Year of Birth Compared to Survey of Child Bearing Women



Source: provisional SC STD/HIV Program Surveillance Data

Figure 39 shows that the number of HIV infection cases among all women delivering live births has been stable during the past seven years, averaging about 100 per year. The rate, though, is nearly 9 times higher among African American women compared to white women.

Figure 39a: Infants Born to HIV+Mothers, Case Rate* by District, Births 2001 - 2002



Rate per 100,000 Women 13-44 yrs./district population

Figure 39a shows the rate of HIV infection among women delivering live births per total population of women of child-bearing age by district. Pee Dee has the highest rate (41.3), followed by Low Country (40.6). These areas are also reflected in the graphs below showing counties with higher rates of persons living with HIV/AIDS.

Figure 40 shows the counties with highest prevalence of persons living with HIV/AIDS due to heterosexual transmission. These are the more urban counties of Florence, Greenville/Spartanburg, Richland, Lexington, Sumter, Orangeburg, Horry and Charleston as well as Darlington county.

Figure 40: SC HIV Prevalence by Exposure Category, 2003 Reported Cases, by County Heterosexual Contact

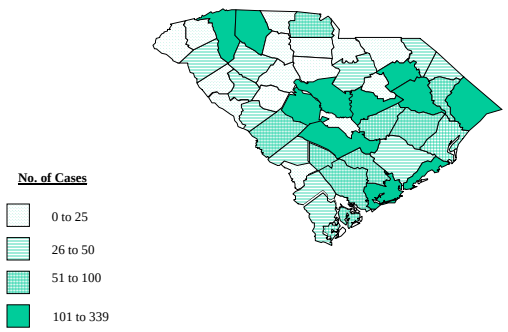
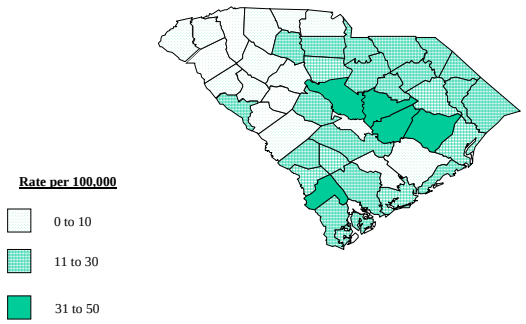


Figure 41 shows the case rate for 2001-2003 among women, an indicator for more recent heterosexual risk. Richland, Sumter, Williamsburg, as well as rural Clarendon, and Hampton counties had the highest case in the state.

Figure 41: SC HIV Incidence Rates (per 100,000 population) 2001-2003 Average of Cases Females



Conclusions

These data indicate that prevention efforts targeted to high risk heterosexuals need to be tailored to African American, particularly young women under age 25, who account for about two-thirds of both living cases and more recently diagnosed persons in this age group. Efforts also need to target African American men and women 25 – 44 years, who account for over three-fourths of living and more recently diagnosed cases (all ages). Prevention efforts targeting African American men and women should also be tailored to reach those 45 years and older.

Injecting Drug Users

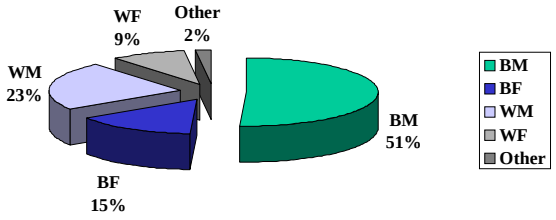
Estimates of Injecting Drug Use Behavior in South Carolina

According to 1999-2000 estimates of heroine use provided by the SC Department of Alcohol and Other Drug Abuse Services (DAODAS), there are 8,000 persons in South Carolina who are injecting drug users in need of treatment services.

Characteristics of Injecting Drug Users

Note: persons who are categorized as both men who have sex with men and injecting drug users are included in this population description.

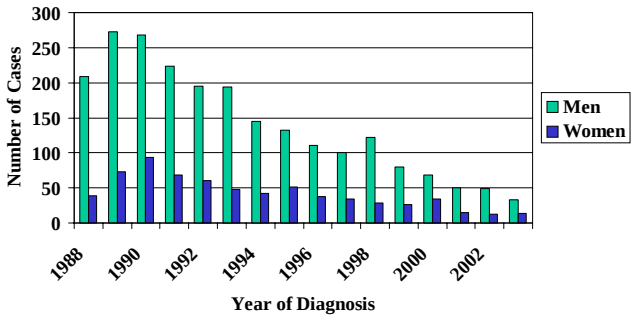
Figure 42: Proportion of Injecting Drug Users Diagnosed with HIV/AIDS 2002-2003 by Race/Sex N=108



Injecting drug users (IDU's) account for 16% of the persons presumed living with HIV/AIDS in 2003 and 8% of persons more recently diagnosed with HIV/AIDS during 2002-2003. The number of IDU cases diagnosed each year decreased 61% from 1999 to 2003 (See Figure 30).

Figure 42 shows that over half (51%) of recently diagnosed injecting drug use cases are African American men; African American women account for 15% of cases. White men account for 23% of recent diagnoses and the least proportion is white women (9%).

Figure 43: Number of HIV/AIDS Cases Due to Injecting Drug Use by Sex and Year of Diagnosis, 1988-2003



Men are overwhelmingly impacted by HIV transmitted by injecting drug use, averaging three cases to every one case reported among women each year. Men show a decrease in number of diagnosed IDU cases since 1998. For this same period, the number of diagnosed IDU cases women was fairly stable. The increase in 1998 cases for men is likely due to targeted screening in corrections facilities, identifying more new cases that year. (Figure 43)

Figure 44: Percent of Injecting Drug Users Diagnosed with HIV/AIDS 2002-2003 by Age Group N=109

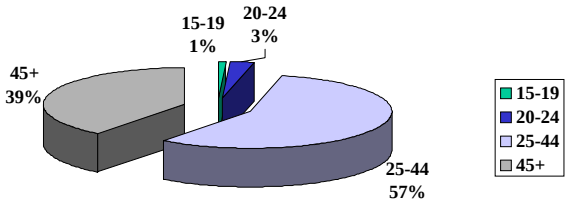


Figure 44 shows that 57% of recently diagnosed IDU cases are 25 – 44 years of age; 39% are 45 years and older. Only 4% of persons diagnosed during 2002-2003 were under 25 years.

Similarly, persons living with HIV/AIDS due to injecting drug use are largely 25 years of age and older (92%). African Americans account for the greatest proportion of cases in each age group, with African American men accounting for over 57% of those older than 25 years. (Figure 45)

Figure 45: Percent of IDU Persons Presumed Living with HIV/AIDS by Race/Sex and Age Group, 2003 N=2024

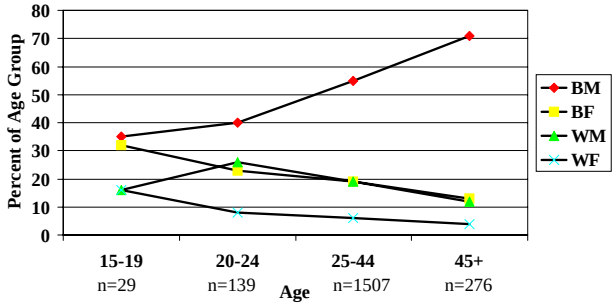
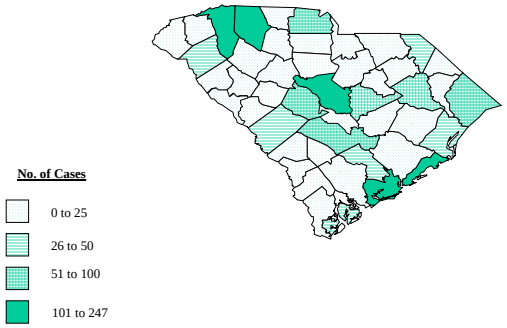


Figure 46 indicates the counties with the highest number of persons living with HIV with injecting drug use risk (Greenville/Spartanburg, Richland, and Charleston). As with other risks, the more urban counties have the greatest numbers.

Figure 46: HIV Prevalence by Exposure Category, 2003 Reported Cases, by County
IDU



Conclusions

Prevention efforts targeting injecting drug users need to be tailored to men, primarily African American men who comprise over half of recently diagnosed cases, followed by white men and African American women. Efforts should target persons older than 25 years and those who are predominately in more urban counties including Lexington, York, Florence, Horry, Orangeburg and Sumter.

Other Populations

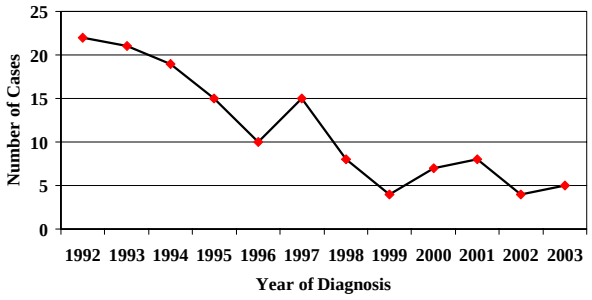
Other populations at varying risk for HIV are described below and include infants and children, incarcerated persons, persons with sexually transmitted diseases, and pregnant teen-age women.

Infants and Children: (Children under 13 years of age)

The majority of infants and children are infected with HIV through exposure to their mother during pregnancy. Through December 2003, there were 200 HIV infection cases diagnosed among children less than 13 years of age, of which 137 had AIDS. This represents 1.0 percent of the total reported AIDS and HIV infection cases. The majority of the children with HIV are black.

There has been significant progress during the past five years in reducing the number of infants with perinatal acquired HIV infection. Figure 47 shows the decline in the number of infants diagnosed from 16 cases in 1997 to 5 cases in 2003.

Figure 47: Number of Children <13 Years Old Diagnosed with HIV/AIDS in South Carolina, 1992-2003



Source: SCDHEC, HARS

Incarcerated Persons

Incarcerated persons are another special population of concern; the Centers for Disease Control estimates that 25% of all U.S. HIV infected people have passed through a correctional facility before. Recent interviews with HIV infected persons in South Carolina indicated that more than one-fourth (26.3%) reported having been incarcerated. This places a very large percentage of our population at risk. HIV infected inmates who are released from prisons need continued preventive and care efforts for themselves and partners when released into the community.

The SC Department of Corrections (SCDC) currently house all HIV infected inmates in two facilities, one for men and one for women. This enables the SCDC to better coordinate care and support services to infected inmates. All new inmates receive HIV screening and if positive are placed in the designated facility. Currently 500 men and 37 women inmates are HIV infected. During the five-year period 1998-2003, there were 624 persons diagnosed with HIV/AIDS by state prison facilities. Note: due to mandatory screening in the prison initiated in 1998, there were an increased number of cases diagnosed that year (251); during 1999 – 2003, the average number of cases diagnosed is much less, about 75 per year. African American men accounted for 79% of the 624 cases; white men were 9% of the total, African American women were 10%, and white female were 2%. Of the 358 persons who reported risks, 37% reported heterosexual risk; 31% reported injecting drug use (and injecting drug use/male to male sex); and 31% reported male to male sex.

During the past four years, SCDC staff, state Ryan White Title II and Midlands consortia staff have met to plan and develop a system of discharge to ensure HIV infected inmates are efficiently linked to the consortia and care services within 30 days of release. This is to ensure a continuity of care and maintenance of therapies currently taken while in correctional facilities. The SCDC provides inmates a 30-day supply of medications upon release.

Persons with Sexually Transmitted Diseases (STDs)

STDs are primary risk factors for HIV infection and a marker of high risk, unprotected sexual behavior. Many STDs cause lesions or other skin conditions that facilitate HIV infection. Trends in STD infection among different populations (e.g. adolescents, women, men who have sex with men) may reflect changing patterns in HIV infection that have not yet become evident in the HIV/AIDS caseload of a particular area.

Chlamydia

In 2003, there were 14,875 cases of chlamydia diagnosed in South Carolina. Figure 48 shows the increase of chlamydia as a result of initiating routine screening for all young women attending family planning and STD clinics in health departments statewide. Among those cases with reported race/gender, over two-thirds were African American women (70%); 19% were white women in 2003. Hispanic men and women accounted for 2% of cases in 2003.

Figure 48: South Carolina Reported Chlamydia Cases by Year of Diagnosis, 1992 - 2003

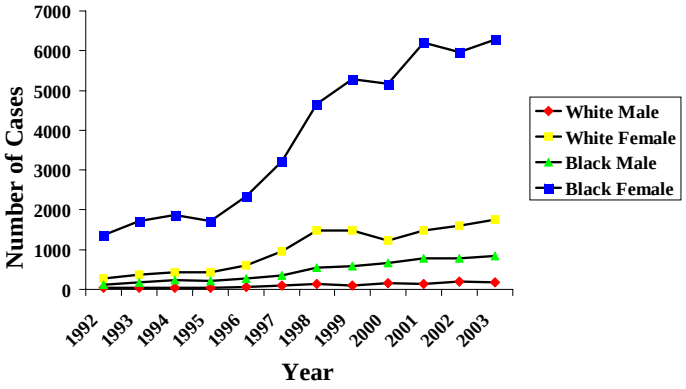


Figure 49: Proportion of 2003 Reported Chlamydia Cases by Year of Diagnosis by Age Group

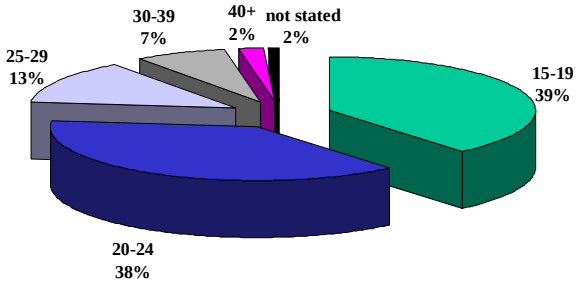


Figure 49 shows that in 2003 young adults 15-19 and 20-24 have the highest proportion of chlamydia (39% and 38%, respectively), followed by those 25-29 years of age. Counties with highest chlamydia rates per 100,000 population in 2003 were Hampton (1,386.3), Bamberg (826.2), and Allendale (777.9).

Gonorrhea

In 2003, 8,642 gonorrhea cases were diagnosed. African American men and women account for 85% of reported cases with known race/gender in 2003. Figure 50 shows trends among race/gender by year.

Figure 50: South Carolina Reported Gonorrhea Cases by Year of Diagnosis, 1992 - 2003

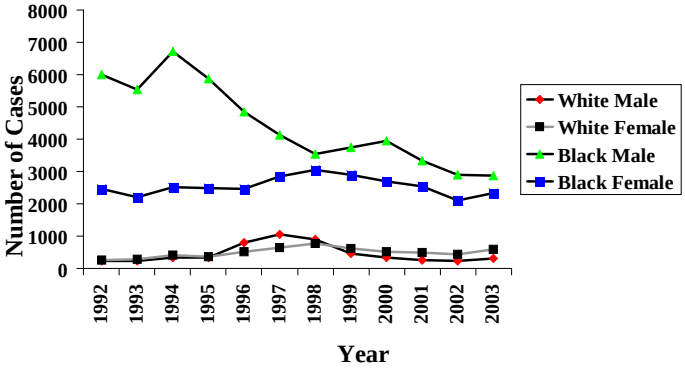
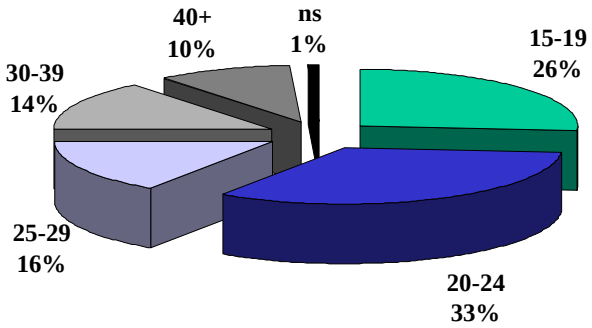


Figure 51 : Proportion of 2003 Reported Gonorrhea Cases by Year of Diagnosis by Age Group



As with chlamydia, gonorrhea cases most affect young adults 15-24 years of age (59% of total) (Figure 51). Counties with highest rates per 100,000 of gonorrhea in 2003 were Hampton (1,169.1); Marion (528.8); and Allendale (501.3).

Syphilis

In 2003, 92 cases of infectious syphilis were diagnosed. As Figure 52 shows, significant decreases have occurred during the past ten years for all infectious syphilis cases. As with other STDs, African Americans are most impacted, accounting for 76% of total cases. Unlike other STDs, syphilis most impacts older adults, 30 years and older (62% of total) (Figure 53). Counties with highest infectious syphilis rates per 100,000 population in 2003 were Chester (20.3), Fairfield (12.5), and Anderson (9.4).

Figure 52: South Carolina Reported Infectious Syphilis Cases by Year of Diagnosis, 1992-2003

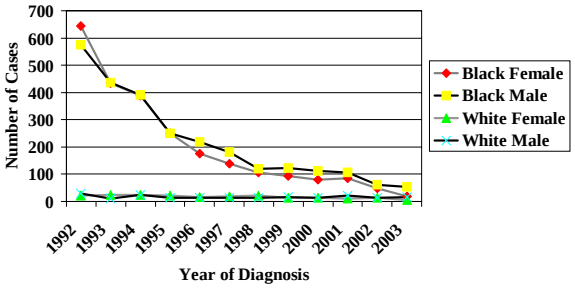
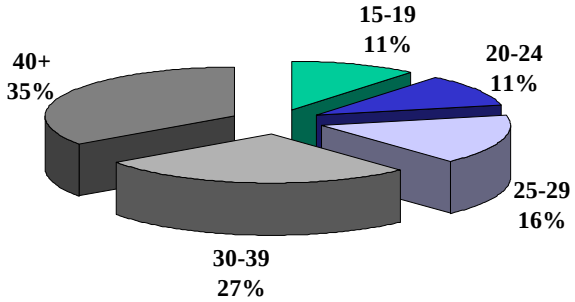


Figure 53: Proportion of 2003 Reported Infectious Syphilis Cases by Year of Diagnosis by Age Group

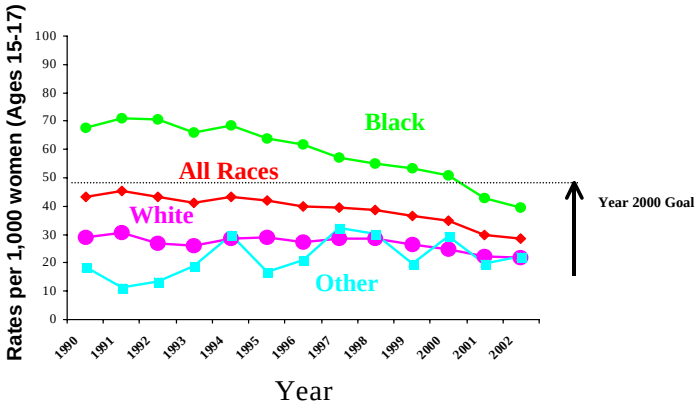


Teenage Pregnancy

Pregnancy, birth and abortion rates, like STD rates, are indications of the extent of unprotected sexual activity in a population.

African American girls (including less than 1% "other") between the ages of 10 and 14 have continued to have higher rates of live births than their white counter parts. However, their rates have decreased from 4.2 in 1988 to 2.4 per 100,000 in 2003, respectively.

Figure 54: South Carolina Teenage Live Births Rates, Ages 15 - 17

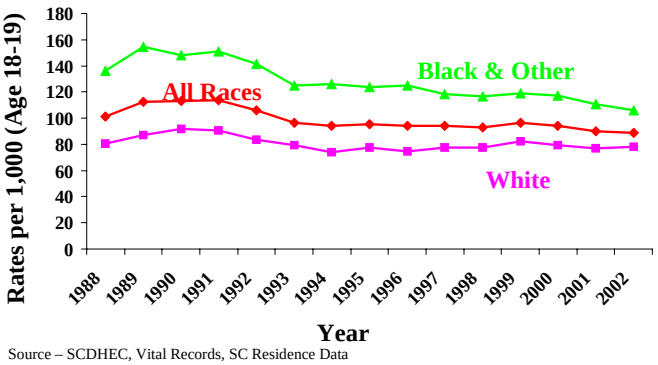


Source – SCDHEC, Vital Records, SC Residence Data

Teenage pregnancies among 15-17 year old South Carolinians have decreased from a rate of 43.2 per 1,000 live births in 1990 to 28.7 in 2002; a 34% decline (Figure 54). This success is also seen when viewing teen pregnancy by racial/ethnic subgroups. The rate for White 15-17 year old teens was 29.1 in 1990 and 22.0 in 2002, representing a 24% decline. The rate for Black and others was 86.0 in 1987 and 80.4 in 2000, representing a 7% decline. The rate for Blacks was 61.9 in 1996 and 39.5 in 2002, representing a 36% decline. The rate for Others is the only exception to a consistent declining trend where the rate was 21.2 in 1996 and climbed to 30.4 in 1998 and down again to 22.2 in 2002, representing a 5% increase in the rate over the 1996 to 2002 period. This fluctuation may be due to small numbers and the trend for this subgroup requires further observation.

Figure 55 shows the teen pregnancy rates for 18 and 19 year olds. As with the other two age groups, African American and other teenage girls continue to have higher live birth rates over the 15-year period than all races. But also as seen in the other age groups their rates have decreased from 136.2 to 105.9, 1988 and 2002, respectively.

Figure 55: South Carolina Teenage Live Births Rates Ages 18-19



Source – SCDHEC, Vital Records, SC Residence Data

Persons Receiving HIV Counseling and Testing

At County Health Departments (C&T Sites)

Data from local HIV counseling and testing sites (county health departments) generally reflect similar trends as HIV/AIDS surveillance data in terms of who is most likely to be HIV infected, risk category, and county of residence. As stated in the Introduction to this chapter, the data reflects only those persons tested voluntarily in local health departments. HIV infected persons diagnosed through counseling and testing sites account for about one-third of the newly diagnosed persons in South Carolina annually. This data reflects number of individuals tested, not the number of tests. In 2001, African Americans comprised 61% of the total persons tested, but 80% of the total positive. Men accounted for 41% of persons tested but 63% of total positive. Persons 30-39 and 40-49 years of age had the highest positivity rate and comprised 64% of the total positive persons.

Men who have sex with men had the highest positivity rate (11.8%), followed by all heterosexuals at risk (10.8%), and heterosexual injecting drug users (12.9%). Heterosexual partners of persons with HIV had the highest positivity rate (20.3%).

Health districts that accounted for the greatest proportion of persons tested who were positive include those with the same urban counties of highest prevalence: Palmetto District (includes Richland County) - 21% of total positives tested; Trident (Charleston County) - 14% of total positives; Waccamaw (Horry County) - 13% of total positives; Edisto (Orangeburg County) - 10% of total positive; and Pee Dee (Florence County) - 9% of total positive persons.

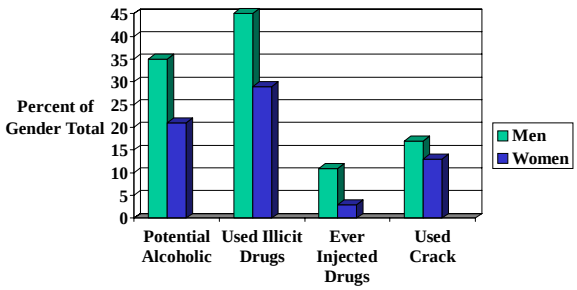
Other Behavioral/Risk Data

Supplemental HIV/AIDS Surveillance

DHEC participates in an in-depth survey of persons with HIV/AIDS known as the Supplement to HIV/AIDS Surveillance (SHAS) sponsored by the U.S. Centers for Disease Control. Persons diagnosed with HIV/AIDS living in Richland, Charleston, Orangeburg, Bamberg, Calhoun counties participate in the survey. Eighty-three percent of participants are African American; 13% are white. During July 2002 to March 2004, there were 376 persons interviewed. Regarding sexual activity, 28% reported same sex activity (MSM); 72% reported heterosexual

activity. About two-thirds (73%) of persons interviewed were asymptomatic HIV (not AIDS), representing more recent infection.

Figure 56: Substance Use Risks by Sex, 7/2002-12/2003 SHAS Participants N=376

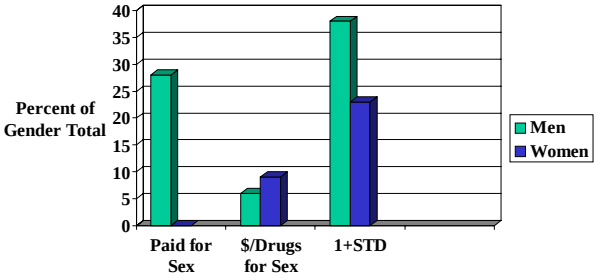


Total Men=249 Total Women=127

Substance use during the past five years or present was reported by one-third of persons with HIV interviewed: 30% reported potential alcoholic, 40% used illicit drugs during past five years. Nine percent reported ever injecting drugs and 16% had used crack. Figure 56 shows the proportion of men and women interviewed who reported substance use risk. More men than women reported each substance use related risk with men reporting injecting drug use more than 3 times as much than women.

Sexual risks reported by persons interviewed from July 2002 to December 2003 indicate that 28% of men paid some one for sex; 9% of women received either money or drugs for sex (Figure 57). Thirty-eight percent of men and 23% of women reported having at least one sexually transmitted disease (STD) during the past ten years.

Figure 57: Sexual Risk Behaviors, 7/2002-12/2003 SHAS Participants N=376



Behavioral Risk Factor Surveillance System (BRFSS)

Behavior Risk Factor Surveillance System is the world's largest random telephone survey of non-institutionalized population aged 18 or older that is used to track health risks in the United States. In 1981, the Centers for Disease Control and Prevention (CDC), in collaboration with selected states, initiated a telephone based behavioral risk factor surveillance system to monitor health risk behaviors. South Carolina began administering BRFSS since 1984. Several core questions address knowledge, attitudes, beliefs, and behaviors regarding sexually transmitted diseases, particularly AIDS.

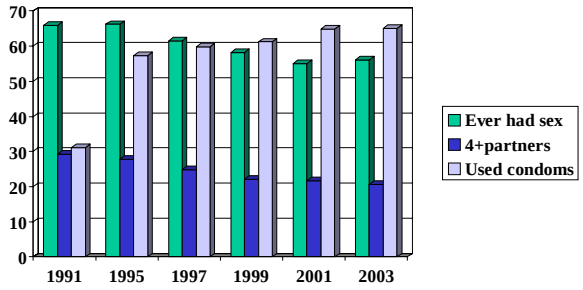
Results of the 2003 survey suggest most respondents have a fair knowledge of transmission and treatments of HIV/AIDS. Seventy-five percent of respondents said they believed treatments are available to HIV+ women to reduce the chance of transmission to the baby, and 96% believed medical treatments are available to help HIV+ persons live longer. Regarding attitudes about individuals' HIV status, 96% of respondents indicated it was very important for people to get tested, however, only 51% of respondents indicated ever being tested for HIV themselves with 60% of those having been tested in the past 3 years. Most respondents who had been tested revealed the main reason for the test was part of a check-up (33.9%), pregnancy (13.3%), or

required (14.8%). Twenty-one percent said testing was their own choice. When asked if in the past 12 months if a doctor, nurse, or health professional discussed condom use for preventing STDs, a majority (85.6%) said this had not occurred.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey is administered to students in public high school in South Carolina. Figure 58 shows that over time there has been slight decreases in the proportion of students who have been sexually active, had four or more lifetime partners, and increases in those reporting condom use at last sexual intercourse.

Figure 58: Proportion of YRBS Students Indicating Sexual Risks, 1991 - 2003



Substance Use

A 1999-2000 household telephone survey of 10,324 adults ≥18 yrs was conducted by the SC Department of Alcohol and Other Drug Use Services (DAODAS) to assess substance use practices. Results indicated that 37% of persons used alcohol during past 30 days, 3% used marijuana, and less than 0.5% used cocaine and hallucinogens during past month. General patterns of substance use by persons in the state indicate that more men than women use drugs/alcohol; higher use levels are generally among younger respondents (18 – 44 years of age).

Summary/Recommendations

A review of this epidemiological profile indicates the following primary target populations and recommendations for prevention efforts:

Men Who Have Sex With Men

These data indicate that prevention efforts targeted to men who have sex with men need to be tailored to both African American and white men. African American men account for the majority of both living cases (55%) and newly diagnosed HIV/AIDS cases (64%) who report MSM risk. Increased efforts in particular are needed to reach younger African American MSM <25 years of age; for white men, targeted efforts are needed for those >25 years. Interventions also need to be particularly available for persons living in the more urban areas of the state.

Heterosexuals

These data indicate that prevention efforts targeted to high risk heterosexuals need to be tailored to African American women, particularly young women under age 25, who account for nearly two-thirds of both living heterosexual cases and more recently diagnosed persons in this age group. Efforts also need to target African American men and women 25 – 44 years, who account for over three-fourths of living and more recently diagnosed cases (all ages). Prevention efforts targeting African American men and women should also be tailored to reach those 45 years and older.

Injecting Drug Users

Prevention efforts targeting injecting drug users need to be tailored to men, primarily African American men who comprise over half of recently diagnosed IDU cases, followed by white men and African American women. Efforts should target persons older than 25 years and those who are predominately in more urban counties including Lexington, York, Florence, Horry, Orangeburg and Sumter.

Due to high proportion of HIV infection among incarcerated persons and high rates of sexually transmitted diseases, efforts to reach these priority populations should include prison facilities and STD clinics and community screening sites.